State of California Department of Consumer Affairs

STRUCTURAL PEST CONTROL BOARD

1418 HOWE AVENUE, SUITE 18, SACRAMENTO, CA 95825
Telephone Number:
Examination/Licensing /Records Storage (916) 561-8704
FAX (916) 263-2469



www.pestboard.ca.gov

Certificate of Training/Experience For Operators Application

In accordance with Section 8562 of the Structural Pest Control Act, an applicant for the Operator's Examination must submit proof satisfactory to the Board that he/she has had experience for a period of not less than the time specified opposite the branches listed below in the employ of a registered company in the State of California in the particular branch or branches of pest control for which the applicant desires to be licensed, or the equivalent of such experience.

Branch 1 2 Years OR 3200 hours Branch 2 2 Years OR 3200 hours Branch 3 4 Years OR 6400 hours

Experience must be certified on this form. This form must be filled out and signed by the qualifying manager on behalf of the applicant.

Full Name of Applicant: (First)	(Middle)	(Last)
Full Time Employment:	Part Time Employment:	
From to	From to	
From to mo day year mo day year	From to mo day year	mo day year
Total hours worked	Total hours worked	•
Duties: (job titles are unacceptable; duties must be detailed and specific)		
A separate Certificate of Experience must be filled out for each branch.		
I certify under penalty of perjury under the laws of the State of California that the above named applicant has been employed for the period indicated above and in the course of such employment has obtained experience as		
stated above.		
Company Name:		
Address of Principal Office:		Felephone Number: Area Code ()
		riea code ()
Signature of Qualifying Manager:		Date Signed:
Name of Qualifying Manager:	L	icense No.: